

EXECUTIVE PERFORMANCE APPRAISAL RECORD

NAME: _____ PERIOD COVERED: _____
POSITION TITLE: _____
ORGANIZATION: _____

EXECUTIVE INFORMED OF THE PERFORMANCE PLAN:

EXECUTIVE'S SIGNATURE _____ DATE _____ RATING OFFICIAL'S SIGNATURE _____ DATE _____

PROGRESS REVIEW COMPLETED:

EXECUTIVE'S SIGNATURE _____ DATE _____ RATING OFFICIAL'S SIGNATURE _____ DATE _____

(✓) IF CRITICAL		OBJECTIVES WITH PERFORMANCE TARGETS THAT INCLUDE THE IMPACT OF THE EXPECTED ACCOMPLISHMENT	ASSESS- MENT
1.			
2.			

3.

4.

5.

NOTE: THERE ARE THREE ASSESSMENT LEVELS: ACHIEVED RESULTS, MINIMALLY SATISFACTORY, AND UNSATISFACTORY. A WRITTEN RATIONALE MUST BE ATTACHED FOR EACH ASSESSMENT OF MINIMALLY SATISFACTORY OR UNSATISFACTORY FOR AN INDIVIDUAL PERFORMANCE OBJECTIVE. ALTHOUGH NOT REQUIRED, NARRATIVE FEEDBACK IS RECOMMENDED FOR AN ACHIEVED RESULTS ASSESSMENT. AN EXECUTIVE MAY BE ASKED TO PROVIDE A SELF-ASSESSMENT FOR EACH OBJECTIVE.

INITIAL SUMMARY RATING

DEFINITIONS -- ASSESSMENT LEVELS

ACHIEVED RESULTS	PERFORMANCE THAT FULLY MEETS, EXCEEDS OR THAT DEMONSTRATES SUFFICIENT PROGRESS TOWARD THE ATTAINMENT OF THE OBJECTIVE AS DEFINED BY THE PERFORMANCE TARGETS.
MINIMALLY SATISFACTORY	PERFORMANCE THAT ONLY PARTIALLY MEETS OR ONLY PARTIALLY DEMONSTRATES SUFFICIENT PROGRESS TOWARD THE ATTAINMENT OF THE OBJECTIVE AS DEFINED BY THE PERFORMANCE TARGETS.
UNSATISFACTORY	PERFORMANCE THAT FAILS TO MEET OR DEMONSTRATE SUFFICIENT PROGRESS TOWARD ATTAINMENT OF THE OBJECTIVE AS DEFINED BY THE PERFORMANCE TARGETS.

SUMMARY RATING LEVELS

ACHIEVED RESULTS	ALL CRITICAL OBJECTIVES MUST BE ASSESSED ACHIEVED RESULTS. NO MORE THAN ONE NON-CRITICAL CAN BE ASSESSED MINIMALLY SATISFACTORY AND NONE CAN BE ASSESSED UNSATISFACTORY.
MINIMALLY SATISFACTORY	ONE OR MORE CRITICAL OBJECTIVES OR TWO OR MORE NON-CRITICAL OBJECTIVES ASSESSED MINIMALLY SATISFACTORY, OR ONE OR MORE NON-CRITICAL OBJECTIVES ASSESSED UNSATISFACTORY.
UNSATISFACTORY	UNSATISFACTORY ASSESSMENT ON ANY CRITICAL OBJECTIVE.

INITIAL RATING RECEIVED AND DISCUSSED

EXECUTIVE'S SIGNATURE

DATE

RATING OFFICIAL'S SIGNATURE

DATE

EXECUTIVE PERFORMANCE REVIEW BOARD RECOMMENDATION

OVERALL PERFORMANCE (CHECK ONE)

____ ACHIEVED RESULTS

____ MINIMALLY SATISFACTORY

____ UNSATISFACTORY

RECOMMENDED ACTION(S)

MEMBER

MEMBER

MEMBER

MEMBER

CHAIR

DATE

ACTION BY APPOINTING AUTHORITY

____ APPROVED RECOMMENDED RATING

____ APPROVED RECOMMENDED ACTION

____ DISAPPROVED RECOMMENDED RATING

____ DISAPPROVED RECOMMENDED ACTION

____ OTHER RATING/ACTION (SPECIFY BELOW)

SIGNATURE

DATE